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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/219,773 07/20/2000

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
08/30/2001

Foreign Priority claimed 35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance V.F. Initials	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged _____ /VANEL FRENEL/ Examiner's Signature			MO	11	72	5

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TITLE

PATIENT - CONTROLLED AUTOMATED MEDICAL RECORD, DIAGNOSIS, AND TREATMENT SYSTEM
 AND METHOD

FILING FEE RECEIVED 1578	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
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